**Form B1**

**Contractor Risk Management Form**

Duties & Responsibilities of the Contractor

Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor are to:

1. Conduct the necessary risk assessments for the proposed work and ensure work is performed safely.
2. Inform the deployed servicing personnel of potential risks and hazards involved in the proposed work.
3. Maintain a record showing that briefing has taken place before work commencement.
4. Monitor and supervise the deployed servicing personnel’s safety and health regularly.
5. Inform the Appointed NUS Staff immediately of all accidents / incidents that had occurred to their staff or any third party within NUS.
6. Instruct the deployed servicing personnel not to start work without the necessary license/permit/approval.
7. Provide the deployed servicing personnel with personal protective equipment (e.g. gloves, overall, safety glasses, safety harness, safety shoes, helmet, etc.) and appropriate tools/equipment to perform the work safely.

The above rules MUST be followed to prevent accidents and injuries to servicing personnel, staff and students.

I, on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby acknowledge that I have received, read and understood the duties and responsibilities of the contractor for the stated scope work. These rules will be followed while work is being carried out in NUS.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

Name of authorised contractor signatory:

Designation:

Date:

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**Contractor Risk Management Form**

NUS Safety Briefing for Contractor

|  |  |  |
| --- | --- | --- |
| **S/N** | **Name of Service Personnel** | **Signature** |
| **1** |  |  |
|  |  |  |
|  |  |  |

The listed servicing personnel deployed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for work commencing on \_\_\_\_\_\_\_\_\_\_\_\_ and ending on \_\_\_\_\_\_\_\_\_\_\_ was informed of the following:

1. Potential hazards and risks present in the work area.
2. Additional personal protective equipment required for the worker.
3. Emergency response procedures in the event of an accident/ incident
4. Fire escape route
5. First aid measures

(Please specify any additional hazards and preventive measures taken to eliminate or minimize exposure to the hazards)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

Name of Appointed NUS Staff:

Designation:

Date: